

MAR 18 2003

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LANDMAN TELLER (1907-1995)
M. EMMETT WARD (1909-1989)

March 7, 2003

Federal Communications Commission
Office of Secretary
445-12th Street SW
Washington, DC 20554

Via facsimile: 202-418-0187

re: **CC Docket Nos. 96-45 and 97-21**
Supplement to Appeal of SLD Rejection of Appeal
Billed Entity - 128637
471 Application Number - 265505
Funding Request Numbers - Unassigned

Dear FCC Appeal Agent:

My firm represents the Vicksburg Warren School District. It has recently come to my attention that the Vicksburg Warren School District's application for E-RATE funds for the 2001-2002 school year was denied for failure to submit necessary information. The Director of Information Management appealed the denial to the SLD and the rejection of the application was affirmed. I understand that the final appeal is currently pending in your office. I am hopeful that you will allow me to submit additional information on behalf of the Vicksburg Warren School District.

I am enclosing the information that was inadvertently left out of the original form 471 application. I ask that you review this information along with the Vicksburg Warren School District's stated reason for not originally providing it. As the appeal states, the request for the information was lost during the facsimile transmission and was therefore not received. I ask that you not hold the school district responsible for this mechanical error. Essentially, I ask that you waive the time limitation in which to submit the application and accept the now completed application in its entirety.

A waiver of the filing deadline may be granted upon a showing of good cause, that special circumstances warrant a waiver, and that a deviation would better serve the public interest than strict adherence to the general rule. See 47 C.F.R. §1.3; Northeast Cellular Telephone Co. v. FCC, 897 F.2d 1164, 166 (D.C. Cir. 1990). Such circumstances certainly exist in this case.

The Vicksburg Warren School District has always promptly responded to requests for information. It is only due to an unfortunate mechanical error that said requests were not received in the instant case. In the original appeal the SLD offered a successful transmission report as proof of the school district's receipt of the information. However, said report proves

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only that the transmission from the SLD was successful. The report does not prove that the school district's receipt of the transmission was successful. The lost transmission may be due to any number of factors including, but not limited to: electrical problems, equipment problems, and acts of God. All of these factors are extraordinary circumstances that could not have been foreseen by the school district.

The Vicksburg Warren School District relies heavily on E-RATE funds and the loss of them will deal a devastating blow. In school districts as poor as the ones here in Mississippi, all grant money and government funding is vitally necessary to the everyday operations of the schools. Our schools have made great strides in seeking funding for the sole purpose of acquiring the technology that is needed to give our students a chance in today's working world and remove them from the circle of poverty and welfare dependance that their families have previously known. The public interest is undoubtedly better served by overlooking strict adherence to the deadline requirements and by accepting the school district's completed application.

For these reasons, I ask that you accept the Vicksburg Warren School District's completed form 471 and grant them E-Rate funding for the 2000-2001 school year. Please call if you have any questions or need any additional information.

Sincerely,


Kathleen M. Fitzgerald

FCC Form 471

FY 04

NEC47101-18-0105400960

Approval by OMB

3060-0806

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Serv

Applicant ID: 265505

vice
rm 471

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iders for services.This form asks schools and librari
charges for them so that the Fund

265505

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)Applicant's Form Identifier: YR 4
(Create your own code to identify THIS Form 471)Form 471 Application # 200305
(to be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.) <u>Vicksburg Warren School District</u>		
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>	3	Entity Number (up to 10 digits) <u>128637</u>
4a	Street Address, P.O. Box, <u>1500 Mission 66</u> or Route Number		
	City <u>Vicksburg</u>	State <u>MS</u>	Zip Code <u>39180</u>
b	Telephone Number (10 digits + ext.) <u>(601) 638-5122 ext.</u>		
c	Fax Number (10 digits) <u>(601) 631-2819</u>		
d	E-mail Address (50 characters max.) <u>hugh@VWsd.k12.ms.us</u>		
5	Type of Application <input type="checkbox"/> School (public or non-public school) <input checked="" type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.		

6a	Contact Person's Name <u>Hugh Cummings</u>		
First, fill in every item of the Contact Person's information below that is different from Item 4, above.			
Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)			
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number	<u>689 Hwy 27 South</u>	
	City <u>Vicksburg</u>	State <u>MS</u>	Zip Code <u>39180</u>
c	<input type="checkbox"/> Telephone Number (10 digits + ext.)	<u>(601) 631-2821 ext.</u>	
d	<input checked="" type="checkbox"/> Fax Number (10 digits)	<u>(601) 631-2917</u>	
e	<input type="checkbox"/> E-mail Address (50 characters max.)	<u>hugh@VWsd.k12.ms.us</u>	
f	Holiday/vacation/summer contact information:		

Block 2: Minor Modification to Existing Contract?

7	<input type="checkbox"/> Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6. Form 471 Application #: <input type="text"/> Funding Request Number: <input type="text"/>	
Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.		

Entity Number 128637
 Contact Person Hugh Cummings

Applicant's Form Identifier YR4
 Phone Number 601-631-2821

Block 3: Impact of Services Ordered in THIS Application

Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served 9,200 b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	190	190
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?	1	1
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?	10 mb/s	10 mb/s
d	Dial-up Internet connections: How many before and after your order?	12	12
e	Dial-up Internet connections: Highest speed before and after your order?	56 kb	56 kb
f	Direct connections to the Internet: How many before and after your order?	17	17
g	Direct connections to the Internet: Highest speed before and after your order?	10 mb/s	10 mb/s
h	Internet access (for schools): How many rooms have Internet access before and after your order?	611	611
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	450	450
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number 128637 Applicant's Form Identifier YK4
 Contact Person Aug 4 Cummins Phone Number 601-631-2821

Block 4: Discount Calculation Worksheet A

for Schools/School Districts

Worksheet #A- 1
 Page 1 of 2

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

- 10a IF you are:
- Applying for discounts ONLY for an individual school, or ONLY site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
 - Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
 - Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).
 School District Name: Vicksburg Whren School District Entity Number: 128637

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
Beverly Ave	43368	R	315	167	53.05%	80	252
Dawn Rd. Elem.	212043	R	693	478	69.07%	80	554
Vicksburg Intermediate	212044	R	691	411	59.47%	80	553
Vicksburg High	43370	R	1135	510	45.03%	70	290
Vicksburg JR. High	43365	R	707	411	58.13%	80	366
Skinner Ave Elem.	212045	R	717	519	72.38%	80	574
Redwood Elem	43331	R	428	284	66.35%	80	342
Whren Central High	43376	R	1207	515	42.66%	70	840
Whren General Junior	43366	R	694	338	48.70%	70	486
Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

Applicant's Form Identifier PA4
Phone Number 601-631-2821

Worksheet #A- /
Page 2 of 2

(For Administrator's Use)

- **Applying for discounts ONLY for an individual school, or ONLY site-specific services:** Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school. _____

- Applying for discounts on services shared by ALL schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

School District Name: Vicksburg Warren

School District Entity Number: 128637

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %)

Entity Number 128637
Contact Person Hugh Cummins

Applicant's Form Identifier YR4
Phone Number 601-631-2821

Block 5: Discount Funding Request(s)

Block 5, page 1 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11	Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15	Contract Number (if available, use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions)	15 985477-00						
12	Form 470 Application Number (15 digits) <u>2998600063377227</u>	16	Billing Account Number (e.g., billed telephone number)							
13	SPIN - Service Provider Identification Number (9 digits) <u>143004824</u>	17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)	<u>10/2/98</u>						
14	Service Provider Name <u>Bell South</u>	18	Contract Award Date (mm/dd/yyyy)	<u>12/15/99</u>						
		19a	Service Start Date (mm/dd/yyyy)	<u>7/1/2001</u>						
		19b	Service End Date (mm/dd/yyyy) (use only for "T" or "MTM" services)	<u>6/30/2002</u>						
		20	Contract Expiration Date (mm/dd/yyyy)	<u>12/31/05</u>						
21	Description of This Service: Attachment # <u>1</u> You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.									
22	Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-1</u>									
23	Calculations									
Recurring Charges		Non-Recurring Charges				Total Charges				
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible? for one-time charges (F minus G)	Annual eligible pre-discount \$ amount (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)
<u>5944.37</u>	<u>0</u>	<u>5944.37</u>	<u>12</u>	<u>71332.44</u>				<u>71332.44</u>	<u>78</u>	<u>55639.03</u>

Entity Number 128637
Contact Person Hyatt Cummins

Applicant's Form Identifier YR 4
Phone Number 601-631-2821

Block 5: Discount Funding Request(s)

Block 5, page 2 of 2

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administration)

11 Category of Service (only ONE category should be checked)
☒ Telecommunications Service ☐ Internet Access ☐ Internal Connections

12 Form 470 Application Number (15 digits) 2998600003377227

13 SPIN - Service Provider Identification Number (9 digits)

143004824

14 Service Provider Name BellSouth

21 Description of This Service:
You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.
Attachment # 2

22 Entity/Entities Receiving This Service:
a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____
b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-1

23 Calculations					Non-Recurring Charges					Total Charges		
A	B	C	D	E	F	G	H	I	J	K		
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible? for one-time charges (F minus G)	Annual eligible pre-discount \$ amount (H minus I)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (1 x J)		
<u>7595.33</u>	<u>0</u>	<u>7595.33</u>	<u>12</u>	<u>91143.96</u>				<u>91143.96</u>	<u>78</u>	<u>71092.29</u>		

Do not write in this area

Entity Number 128637

Applicant's Form Identifier YR4

Contact Person Hugh Cummings

Phone Number 601-631-2821

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☐ an individual technology plan for using the services requested in this application; and/or
 - b ☒ higher-level technology plan(s) for using the services requested in this application; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☒ technology plan(s) has/have been approved; and/or
 - b ☐ technology plan(s) will be approved by a state or other authorized body; or
 - c ☐ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person Donald Oakes

35 Date

1/17/01

36 Printed name of authorized person

Donald Oakes

37 Title or position of authorized person

Superintendent of Education

38 Telephone number of authorized person:

(601) 638-5122 ext. ----

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b) or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Entity Number <u>128637</u>	Applicant's Form Identifier <u>YR4</u>
Contact Person <u>Hugh Cummings</u>	Phone Number <u>601-631-2821</u>

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**